das.virainia.aov

Coordinator Designation Form

All agencies in DGS operated facilities must have designated coordinators. This form must be returned to the DGS Parking Services and Building Access Section.

ACTION REQUESTED					
New Coordinator Remove Previous:			Updated Contact Information		
COORDINATOR Information					
First Name: Last Name:			:		
Title:	ı				
Agency:				Agency Number:	
Building Name/ Address:			Fax:	,	
Nork Phone: Alternate Phone: (after-hours emergence)				;)	
Email Address:					
Secondary Box - / III I		1 1 12			
COORDINATOR ROLE (multiple roles can	be se	lected)			
				econdary Parking Coordinator (may have multiple)	
Primary Agency Access Card Coordinator Seco			Secondary Ac	condary Access Card Coordinator	
			(may have m Secondary Fa	nultiple) acility Coordinator	
(only one per agency) (may have multiple)					
FACILITIES (please list the building(s) and floor(s) your agency occupies)					
			Floor(s):		
Building Name: Floor			Floor(s):		
_			Floor(s):		
_					
Building Name: Floor			Floor(s):		
The undersigned acknowledges his/her responsibility services.	to com	iply with t	the policies issue	d by the Department of General	
Coordinator Signature:				Date:	
Agency Head or Designee Signature:				Date:	
DCC 22 007 00/20 Per				<u> </u>	
DGS-32-007 08/20 Rev		ı	Entered By:	Date Entered:	